Kentucky Department of Agriculture
Commodity Supplemental Food Program
Monthly Report

LDA: _____   **Site #:** _____

Food Bank: _____   **Month/Year:** _____

Commodity Information

Item	Number of Boxes		
	Child	**Adults**	
A. Boxes on hand from prior month	_____	_____	(Enter leftover boxes/boxes not distributed form last month)
B. Boxes received this month	_____	_____	(Enter new boxes received this month)
C. Boxes available to distribute	_____	_____	(Add above columns from **A** and **B**/ enter total)
D. Boxes actually Distributed	_____	_____	(Count the number of persons signing for boxes/enter total)
E. Boxes not Distributed	_____	_____	(Subtract line **D** from line **C** Enter total available for next Month and enter total on line **A** on the report for next Month.)

Participant Enrollment Information

Category	Number Enrolled
Infant	_____
Child (1-5 yrs)	_____
Pregnant	_____
Breastfeeding	_____
Postpartum	_____
Elderly	_____

Report Prepared By: _____

Date sent to food Bank: ____/____/____

Report due to food bank by the 5th of the month.